Pace Analytical

Section A
Required Client Information:
Company: USS Corporation
Address: P.O. Box 417
Mt. Iron, MN 55768

Section B
Required Project Information:
Report To: Tom Moe
Copy To:

Section C
Invoice Information:
Attention:
Company Name:

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CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields mur

WO#: 1290037

PM: MMW

CLIENT: USS CORP

Due Date: 07/06/17

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FECAL WAIVER ON FILE Y

## Document Name: Sample Condition Upon Receipt Form

Document No.: F-VM-C-001-Rev.10

Document Revised: 15Mar2016 Page 1 of 1

Issuing Authority:

Pace Virginia, Minnesota Quality Office

Sample Condition Upon Receipt  OSS Comp			Project #	WU#:1290037
Courier: Fed Ex UPS Commercial Pace	USPS Other:	C	lient	PM: MMW Due Date: 07/06/17 CLIENT: USS CORP
Tracking Number:				
Custody Seal on Cooler/Box Present? Yes	/ 10	Seals In	ntact?	Yes No Optional: Proj. Due Date: Proj. Name:
Packing Material: Bubble Wrap Bubble Bag	(P)	275	ing -	Temp Blank? ☐ Yes ☐ No
Packing Material: Usubble Wrap Subble Bag				<u> </u>
hermometer Used: 140792808	Type of I	/		Blue None Samples on ice, cooling process has begun
Cooler Temp Read °C: 4.5 Cooler Temp Corection Factor	or: TO	: <u>4</u> ,	Date and	Biological Tissue Frozen? Yes No NA Initials of Person Examining Contents: 6-7177 MA Comments:
Chain of Custody Present?	√Yes	□No	□n/a	1.
Chain of Custody Filled Out?	ZYes	□No	□N/A	2.
Chain of Custody Relinquished?	✓Yes	□No	□N/A	3.
Sampler Name and Signature on COC?	√Yes	□No	□N/A	4.
	,			
Samples Arrived within Hold Time?		□No	□N/A	5. If Fecal: <pre> &lt; 8 hours</pre> <pre>&gt;8, &lt; 24 hours</pre> <pre> &gt;24 hours</pre>
Short Hold Time Analysis (<72 hr)? ( 277 Mor	- Ares	⊠Ño	N/A	6.
Rush Turn Around Time Requested?	□Yes	□No	□N/A	7.
Sufficient Volume?	Yes	□No	□N/A	8.
Correct Containers Used?	Yes	□No	□n/a	9.
-Pace Containers Used?	Yes	□No	□n/A	
Containers Intact?	Yes	No	□N/A	10.
Filtered Volume Received for Dissolved Tests?	Yes	□No	ØN/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	Yes	∐No	□N/A	12.
-Includes Date/Time/ID/Analysis Matrix:				·
All containers needing acid/base preservation will be checked and documented in the pH logbook.	Yes	∏No	Øn/a	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	□Yes	□No	ZN/A	13.
Headspace in VOA Vials ( >6mm)?	Yes	□No	ZN/A	14.
Trip Blank Present?	Yes	□No	E/N/A	15.
Trip 8lank Custody Seals Present?	Yes	□No	ØN/A	
Pace Trip Blank Lot # (if purchased):			_	
CLIENT NOTIFICATION/RESOLUTION				Field Data Required? Yes No
Person Contacted:				Date/Time:
Comments/Resolution:				
	-			

Project Manager Review:

Note: Whenever there is a discrepancy affecting Rorth Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)

TEMPERATURE WAIVER ON FILE